



APPLICATION FOR AUTHORIZED EMPLOYEE / PRIVATE DETECTIVE LICENSE ACTION

State Form 47241 (R2 / 4-00)

Form approved by State Board of Accounts, 2000

* Your Social Security number is requested under IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

Indiana Professional Licensing Agency
Private Detective Licensing Board
302 West Washington Street, Room E034
Indianapolis, Indiana 46204-2277

Action: <input type="checkbox"/> Issue card <input type="checkbox"/> Terminate license		Issuance fees: <input type="checkbox"/> \$10.00 If employer license valid for more than 12 months. <input type="checkbox"/> \$5.00 If employer license valid less than 12 months. All fees are non-transferable and non-refundable per IC 25-1-8-2(e)	
APPLICANT INFORMATION			
Name of applicant		Employee license number	
Address (number and street, city, state, ZIP code)		Date of birth (month, day, year)	
		Social Security number*	
Signature of applicant		Date signed (month, day, year)	
EMPLOYER INFORMATION			
Name of agency		LEAVE BLANK	
License number	Expiration date (month, day, year)		
Typed name of agency manager	Daytime telephone number ()		
Signature of agency manager			



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